

MAILED

MAY 12 1999



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

PAT. & T.M. OFFICE  
BOARD OF PATENT APPEALS  
AND INTERFERENCES

ELIZABETH LASSEN  
CALGENE INCORPORATED  
DAVIS, CA 95616

Paper No. 37(MAJ)

Appeal No 95-4496  
Appellant: LUCA COMAI  
Serial No.: 07/985,742

Hearing: Room B  
Docket: A  
Date: JULY 12, 1999  
Time: 9:00 A.M.  
Place: Room 12C07  
CRYSTAL GATEWAY 2  
1225 Jefferson Davis Highway  
Arlington, VA 22202

**NOTICE OF HEARING**  
**CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 1.194(a).

The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up.

The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced.

**CONFIRMATION OR WAIVER OF THE ORAL HEARING IS REQUIRED.** This form must **BE COMPLETED BELOW** and filed with the Board of Patent Appeals and Interferences preferably by facsimile within **TWENTY-ONE (21) DAYS** from the mailing date of this notice, indicating confirmation or waiver of the hearing. A copy of this form may alternatively be filed by mail if facsimile is not available.

Failure to file this form within the above time period will be construed as a waiver of the request for oral hearing.

37 CFR § 1.136(a) does not apply.

By Order of the Board of Patent Appeals and Interferences

B.P.A.I. FAX No. is:  
(703) 308-7952 or (703) 308-7953  
See 1108 Off. Gaz. Pat. &  
Trademark Office 15 (Nov.14, 1989)

B.P.A.I. Mailing Address is:  
BOARD OF PATENT APPEALS AND INTERFERENCES  
COMMISSIONER OF PATENT AND TRADEMARKS  
WASHINGTON, D.C. 20231

Clerk of the Board  
(703) 308-9797

In all communications relating to this appeal, please identify the appeal by its number.

-----  
**CHECK ONE :**    ☐ **HEARING ATTENDANCE CONFIRMED.**  
                  ☐ **HEARING WAIVED.**

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.